

STATE OF ILLINOIS

Page 2

Facility Name & ID Number Holy Family Health Center# 0026286 Report Period Beginning: 07/01/2004 Ending: 06/30/2005

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed bedsN/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>102</u>	Skilled (SNF)	<u>102</u>	<u>37,230</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>235</u>	Intermediate (ICF)	<u>235</u>	<u>85,775</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>337</u>	TOTALS	<u>337</u>	<u>123,005</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>27,394</u>	<u>20,378</u>	<u>9,032</u>	<u>56,804</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>27,394</u>	<u>20,378</u>	<u>9,032</u>	<u>56,804</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 46.18%

D. How many bed-hold days during this year were paid by the Department?

None (Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)None

F. Does the facility maintain a daily midnight census?

YesG. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?YES ☒NO ☐Non-allowable costs have been
eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐NO ☒

I. On what date did you start providing long term care at this location

Date started 05/01/1981

J. Was the facility purchased or leased after January 1, 1978?

YES ☒Date 05/01/1981NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒NO ☐If YES, enter number
of beds certified 51 and days of care provided 9,032Medicare Intermediary AdminaStar Federal

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED
CASH* ☐ CASH* ☐Is your fiscal year identical to your tax year YES ☒ NO ☐Tax Year: 06/30/05 Fiscal Year: 06/30/05

* All facilities other than governmental must report on the accrual basis

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

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Facility Name & ID Number Holy Family Health Center # 0026286 Report Period Beginning: 07/01/2004 Ending: 06/30/2005

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7**	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary		850		850		850		850		1
2	Food Purchase		969,541		969,541		969,541	(788)	968,753		2
3	Housekeeping	306,114	37,703	7,607	351,424		351,424		351,424		3
4	Laundry	159,142	41,425		200,567		200,567	(36,425)	164,142		4
5	Heat and Other Utilities			276,437	276,437		276,437		276,437		5
6	Maintenance	125,726	18,349	95,496	239,571		239,571	(6,155)	233,416		6
7	Other (specify):*										7
8	TOTAL General Services	590,982	1,067,868	379,540	2,038,390		2,038,390	(43,368)	1,995,022		8
	B. Health Care and Programs										
9	Medical Director			18,000	18,000		18,000		18,000		9
10	Nursing and Medical Records	3,542,491	86,063	19,560	3,648,114		3,648,114	7,265	3,655,379		10
10a	Therapy	299,629	16,073	23,944	339,646		339,646		339,646		10a
11	Activities	176,256	4,664	1,128	182,048		182,048		182,048		11
12	Social Services	55,183		2,200	57,383		57,383		57,383		12
13	CNA Training										13
14	Program Transportation			454	454		454		454		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	4,073,559	106,800	65,286	4,245,645		4,245,645	7,265	4,252,910		16
	C. General Administration										
17	Administrative	107,120		887,871	994,991		994,991	(887,871)	107,120		17
18	Directors Fees										18
19	Professional Services										19
20	Dues, Fees, Subscriptions & Promotion			6,440	6,440		6,440		6,440		20
21	Clerical & General Office Expense	109,999	20,578	27,424	158,001		158,001	478,455	636,456		21
22	Employee Benefits & Payroll Tax			1,541,721	1,541,721		1,541,721	38,822	1,580,543		22
23	Inservice Training & Education										23
24	Travel and Seminar			2,205	2,205		2,205		2,205		24
25	Other Admin. Staff Transportation			146	146		146		146		25
26	Insurance-Prop.Liab.Malpractice			186,516	186,516		186,516		186,516		26
27	Other (specify):*										27
28	TOTAL General Administration	217,119	20,578	2,652,323	2,890,020		2,890,020	(370,594)	2,519,426		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,881,660	1,195,246	3,097,149	9,174,055		9,174,055	(406,697)	8,767,358		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

STATE OF ILLINOIS

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Facility Name & ID Number Holy Family Health Center

#0026286

Report Period Beginning: 07/01/2004 Ending: 06/30/2005

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7**	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			398,919	398,919		398,919	68,003	466,922			30
31	Amortization of Pre-Op. & Org											31
32	Interest			94,765	94,765		94,765	(9,806)	84,959			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicle			40,026	40,026		40,026		40,026			35
36	Other (specify): ³											36
37	TOTAL Ownership			533,710	533,710		533,710	58,197	591,907			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Center:		910,769		910,769		910,769		910,769			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shop:											41
42	Provider Participation Fee			184,508	184,508		184,508		184,508			42
43	Other (specify): ³ Nonallowable Costs			24,548	24,548		24,548	(24,548)				43
44	TOTAL Special Cost Centers		910,769	209,056	1,119,825		1,119,825	(24,548)	1,095,277			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,881,660	2,106,015	3,839,915	10,827,590		10,827,590	(373,048)	10,454,542			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

**See Schedule of adjustments attached at end of cost report.

SEE ACCOUNTANTS' COMPILATION REPORT

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Program				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Room				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patient				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(314)	30		9
10	Interest and Other Investment Income	(9,806)	32		10
11	Discounts, Allowances, Rebates & Refund				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transaction				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainer				22
23	Malpractice Insurance for Individual				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotion	(1,287)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employee				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	(66,629)	var		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (78,036)		\$	30

OHF USE ONLY							
48		49		50		51	52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below. (See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule	\$		31
32	Donated Goods-Attach Schedule			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(295,012)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (295,012)		36
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (373,048)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport		x	\$		38
39						39
40	Gift and Coffee Shop		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Holy Family Health Center

ID# 0026286

Report Period Beginning: 07/01/2004

Ending: 06/30/2005

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Offset maintenance income from convent	\$ (6,155)	6	1
2	Offset maintenance income from convent	(220)	43	2
3	Offset maintenance income from convent	(261)	43	3
4	Offset maintenance income from convent	(731)	43	4
5	Offset maintenance income from convent	(786)	43	5
6	Offset maintenance income from convent	(231)	43	6
7	Offset maintenance income from convent	(354)	43	7
8	Offset maintenance income from convent	(262)	43	8
9	Offset laundry income against related expense	(36,425)	4	9
10	Offset meal revenue against food expense	(788)	2	10
11	Offset radiology services	(20,416)	43	11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(66,629)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Holy Family Health Center

0026286

Report Period Beginning:

07/01/2004

Ending:

06/30/2005

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(788)	0	0	0	0	0	0	0	0	0	0	(788)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	(36,425)	0	0	0	0	0	0	0	0	0	0	(36,425)	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	(6,155)	0	0	0	0	0	0	0	0	0	0	(6,155)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(43,368)	0	0	0	0	0	0	0	0	0	0	(43,368)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	7,265	0	0	0	0	0	0	0	0	0	7,265	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	7,265	0	0	0	0	0	0	0	0	0	7,265	16
	C. General Administration													
17	Administrative	0	(887,871)	0	0	0	0	0	0	0	0	0	(887,871)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	0	478,455	0	0	0	0	0	0	0	0	0	478,455	21
22	Employee Benefits & Payroll Taxes	0	38,822	0	0	0	0	0	0	0	0	0	38,822	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	0	(370,594)	0	0	0	0	0	0	0	0	0	(370,594)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(43,368)	(363,329)	0	0	0	0	0	0	0	0	0	(406,697)	29

Summary B

06/30/2005

[illegible]

Facility Name & ID Number Holy Family Health Center

0026286

Report Period Beginning: 07/01/2004 Ending: 06/30/2005

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Resurrection Health Care	100	See Attached		See Attached		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	10	Nursing Supplies	\$	Resurrection Health Care	100.00%	\$ 7,265	\$ 7,265	1
2	V	21	Clerical & Data Processing		Resurrection Health Care	100.00%	221,078	221,078	2
3	V	21	Other Administrative & General		Resurrection Health Care	100.00%	257,377	257,377	3
4	V	22	Employee Benefits		Resurrection Health Care	100.00%	38,822	38,822	4
5	V	30	Depreciation		Resurrection Health Care	100.00%	68,317	68,317	5
6	V								6
7	V	17	Intercompany Accruals	887,871	Resurrection Health Care	100.00%		(887,871)	7
8	V	39	Intercompany Pharmacy	910,769	Resurrection Health Care	100.00%	910,769		8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 1,798,640			\$ 1,503,628	\$ * (295,012)	14

* Total must agree with the amount recorded on line 34 of Schedule VI

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Holy Family Health Center # 0026286 Report Period Beginning: 07/01/2004 Ending: 06/30/2005

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									\$		1
2	See Attached Pg 7A										2
3											3
4											4
5											5
6											6
7											7
8											8
9	Sister Elizabeth Trembczynsk	Director	Board of Directors	0.00	None	40	100.00	Salary	107,120	17(1)	9
10											10
11											11
12											12
13								TOTAL	\$ 107,120		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Holy Family Health Center# 0026286Report Period Beginning: 07/01/2004Ending: 6/30/2005

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization Resurrection HC/Medical Ctr.
 Street Address 7435 Talcott Ave.
 City / State / Zip Code Chicago, IL 60631
 Phone Number (773) 774-8000
 Fax Number (773) 594-7488

B. Show the allocation of costs below. If necessary, please attach worksheets

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	10 Nursing Supplies				\$	\$		7,265	1
2	21 Clerical & Data Processing							221,078	2
3	21 Other Administrative & Genera							257,377	3
4	22 Employee Benefits							38,822	4
5	30 Depreciation							68,317	5
6									6
7	39 Intercompany Pharmac							910,769	7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		1,503,628	25

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	National City		X	Mortgage	\$38,313.00	11/94	\$ 5,623,000	\$	11/04	0.0653	\$ 94,765	1	
2												2	
3												3	
4												4	
5												5	
	Working Capital												
6												6	
7												7	
8												8	
9	TOTAL Facility Related				\$38,313.00		\$ 5,623,000	\$			\$ 94,765	9	
	B. Non-Facility Related*												
10												10	
11								Less: Interest income offset			(9,806)	11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (9,806)	14	
15	TOTALS (line 9+line14)						\$ 5,623,000	\$			\$ 84,959	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None Line # N/A

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7
(See instructions.) SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2004 REAL ESTATE TAX COST DOCUMENTATION

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY IDPH LICENSE NUMBER 0026286

TELEPHONE (773) 594-8556 FAX #: (773) 594-8567

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

B. Real Estate Tax Cost Allocations

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005.

Page 10A

Facility Name & ID Number Holy Family Health Center

0026286 Report Period Beginning:

07/01/2004 Ending:

06/30/2005

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 136,250 B. General Construction Type: Exterior Face Brick Frame Steel Number of Stories 6

C. Does the Operating Entity? ☒ (a) Own the Facility ☐ (b) Rent from a Related Organization ☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions)

D. Does the Operating Entity? ☒ (a) Own the Equipment ☐ (b) Rent equipment from a Related Organization ☒ (c) Rent equipment from Completely Unrelated Organization

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's ground (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable)

N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? ☐ YES ☒ NO
If so, please complete the following:1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized N/A
3. Current Period Amortization: N/A 4. Dates Incurred: N/A

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Resident Use		1981	\$ 610,897	1
2	Business Use		1984-2000	312,530	2
3	TOTALS			\$ 923,427	3

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	337		1981	1963	\$ 5,610,288	\$ 153,162	26	\$ 153,162		\$ 5,565,082	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Land Improvements		1981		39,944	288	various	288		39,724	9
10	Land Improvements		1982		3,300		15			3,300	10
11	Land Improvements		1983		16,546		15			16,546	11
12	Land Improvements		1985		2,758		15			2,758	12
13	Land Improvements		1987		26,060		10			26,060	13
14	Land Improvements		1991		2,934		8			2,934	14
15	Land Improvements: Repaving Dempster lot		1996		6,944	694	10	694		6,247	15
16	Land Improvements: Utility pole		1996		1,908	127	15	127		1,144	16
17	Building Improvements		1981		30,116	1,503	various	1,503		27,639	17
18	Building Improvements		1982		38,889		20			38,889	18
19	Building Improvements		1983		137,540	686	various		(686)	105,502	19
20	Building Improvements		1984		161,928	8,084	various	8,084		139,479	20
21	Building Improvements		1985		140,002		various			140,002	21
22	Building Improvements		1986		74,495	1,510	15	1,510		69,172	22
23	Building Improvements		1987		81,758		various			81,758	23
24	Building Improvements		1988		9,477		various			9,477	24
25	Building Improvements		1989		29,180		various			29,180	25
26	Building Improvements		1990		119,639		various			119,639	26
27	Building Improvements		1991		209,393	12,221	various	12,221		195,248	27
28	Building Improvements		1992		47,000		10			47,000	28
29	Building Improvements		1992		79,513	6,097	various	6,345	248	79,513	29
30	Building Improvements		1993		55,142	3,941	various	3,941		47,293	30
31	Building Improvements		1993		7,044	470	15	470		5,638	31
32	Building Improvements		1994		86,489	7,515	various	7,515		82,664	32
33	Building Improvements: #20-4		1995		5,035	458	11	458		4,579	33
34	Building Improvements: #20-5		1995		5,469		5			5,469	34
35	Building Improvements: #20-5		1995		7,988	121	11	121		7,988	35
36	Building Improvements: #20-5		1995		3,648	364	10	364		3,648	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Building Improvement #21-4	1995	\$ 94,827	\$ 8,621	11	\$ 8,621	\$	\$ 86,209	37
38	Building Improvement #21-5	1995	34,922	3,175	11	3,175		31,749	38
39	Building Improvement #21-5	1995	1,423	142	10	142		1,421	39
40	Building Improvement #26-4	1995	6,906	460	15	460		4,601	40
41	Building Improvement #26-5	1995	6,358	424	15	424		4,240	41
42	Building Improvements: Carpeting for facilit	1996	43,550		5			43,550	42
43	Building Improvements: Rudd water heater tanl	1996	825	83	10	83		746	43
44	Building Improvements:Rekey/Lock/Latche	1996	13,413	894	15	894		8,046	44
45	Building Improvements:Upgrade East elevato	1996	35,024	1,751	20	1,751		15,760	45
46	Building Improvements:Wall covering in dining roo	1996	7,240		5			7,240	46
47	Building Improvements:Phone system and call sytem	1996	44,556	4,456	10	4,456		40,104	47
48	Building Improvements:Remodeling 3rd floor patient room	1996	316,547	21,103	15	21,103		189,928	48
49	Building Improvements:Tiling of shower roon	1996	1,355	68	20	68		612	49
50	Building Improvements:Cabinets and shower door:	1996	15,698	785	20	785		7,065	50
51	Double face exterior sign	1997	5,174	517	10	517		4,137	51
52	Refurbish 2404 sign(Business Office)	1997	2,428	243	10	243		1,943	52
53	Sealcoating parking lot are:	1997	3,804	380	10	380		3,040	53
54	Painting,wallcovering,tile replacement of nursing statio	1997	102,440	6,829	15	6,829		54,633	54
55	Heaters convecto	1997	3,240	324	10	324		2,592	55
56	Emergency phones in elevators - Wes	1997	1,264	126	10	126		1,008	56
57	Air Dampers - East Building	1997	2,099	210	10	210		1,680	57
58	Boilers for East Building	1997	4,310	287	15	287		2,297	58
59	Carpeting Room 215	1997	650	14	5		(14)	650	59
60	Air Handler of West Building	1997	1,450	145	10	145		1,123	60
61	Painting,wallcovering, floor replacement of 2 West statio	1998	34,662	2,311	15	2,311		16,177	61
62	Painting,wallcovering, floor replacement of 4 West statio	1998	77,327	5,155	15	5,155		36,086	62
63	Painting,wallcovering, floor replacement of 5 West statio	1998	76,450	5,097	15	5,097		35,679	63
64	30 Ton Chiller	1998	17,670	1,178	15	1,178		8,866	64
65	Fire Dampers in bath rooms	1998	7,135	476	15	476		3,332	65
66	Repair water main from Department 30	1998	3,887	389	10	389		2,722	66
67	Gutter replacement of East Building	1999	6,400	640	10	640		3,840	67
68	Painting,wallcovering, floor replacement of 2 East statio	1999	62,793	4,186	15	4,186		25,116	68
69	Replacement of Tran Compressor	1999	7,063	471	15	471		2,823	69
70	TOTAL (lines 4 thru 69)		\$ 8,083,317	\$ 268,181		\$ 267,729	\$ (452)	\$ 7,552,587	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 8,083,317	\$ 268,181		\$ 267,729	\$ (452)	\$ 7,552,587	1
2	Call system upgrade 1 West	1999	33,238	3,324	10	3,324		19,944	2
3	Call system upgrade 3 West	1999	17,274	1,727	10	1,727		10,365	3
4	Painting,wallcovering,floor replacement of 4 West statio	1999	2,082	139	15	139		831	4
5	Painting,wallcovering,floor replacement of Physical Therap	1999	8,665	578	15	578		3,468	5
6	Construction of Parking Lot	2000	227,278	11,364	20	11,364		56,820	6
7	Landscaping	2000	7,208	721	10	721		3,604	7
8	Replace East elevator hydrolif	2000	33,472	2,231	15	2,231		11,157	8
9	Repair decking	2000	7,000	467	15	467		2,334	9
10	Door replacement	2000	3,035	304	10	304		1,520	10
11	Construction of Parking Lot	2001	15,451	813	19	813		3,253	11
12	2380 Building remodeling	2001	6,985	699	10	699		2,447	12
13	Freight elevator gate	2001	1,300	87	15	87		347	13
14	Door replacement	2001	3,378	282	12	282		1,128	14
15	Gas Steamer - connection with Booster	2001	7,507	500	15	500		2,000	15
16	Water Main Repair	2002	8,109	405	20	405		1,316	16
17	Building, Reception and office improvement	2002	199,513	13,301	15	13,301		43,228	17
18	Installation of new WEIL Pump	2002	3,438	688	5	688		2,236	18
19	Repair Flat Roof to Wood Deck	2002	9,445	945	10	945		3,071	19
20	Telephone cables	2002	16,900	1,690	10	1,690		5,493	20
21	Topographic Mapping of entire facility	2002	8,316	554	15	554		1,801	21
22									22
23	7 new signs	2002	7,744	774	10	774		1,935	23
24	1 new sign	2003	5,487	549	10	549		1,372	24
25	Norstar digital trunk cartridge, DTI/PRI assy	2003	5,425	1,085	5	1,085		2,713	25
26	Programming - Direct TV	2003	15,000	3,000	5	3,000		7,500	26
27	Electrical equipment and labor	2002	24,029	1,602	15	1,602		4,005	27
28	Exterior & interior renov-From 3/30/02 to 4/26/0	2002	10,381	692	15	692		1,730	28
29	Install bumper/crash	2002	15,049	1,505	10	1,505		3,762	29
30	New circuit in basement	2002	6,155	410	15	410		1,025	30
31	Kronos clock - replace jack,install jack cor	2002	265	18	15	18		45	31
32	New door locks	2002	8,575	572	15	572		1,430	32
33	Overhead paging system	2002	2,500	250	10	250		625	33
34	TOTAL (lines 1 thru 33)		\$ 8,803,521	\$ 319,457		\$ 319,005	\$ (452)	\$ 7,755,092	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 8,803,521	\$ 319,457		\$ 319,005	\$ (452)	\$ 7,755,092	1
2	Accounting Dept relocating to Des Plaines	2002	1,613	108	15	108		270	2
3	Disconnect furn. Re-wire at Holy Family-Des Pl	2002	2,995	300	10	300		750	3
4	Wrought iron pipe rail	2003	1,820	91	20	91		228	4
5	Install raceways for voice data line	2003	770	77	10	77		193	5
6	Basement office - data and voice cabling	2003	2,755	184	15	184		460	6
7	Redesign and contructions-1st fl. Office space	2002	127,916	3,280	39	3,280		8,200	7
8	Architect fees for exterior & interior renovation	2003	14,810	987	15	987		2,468	8
9	Sign	2003	10,000	1,000	10	1,000		2,500	9
10									10
11	Repair catch basin on North parking lot	2003	850	86	10	86		129	11
12	Install new 6" storm line from bldg to new in	2003	8,614	862	10	862		1,293	12
13	Parking Patch project # 50950-04	2004	1,523	102	15	102		153	13
14	Data Cable for Res Info/Rooms 120 & 135	2004	1,041	70	5	208	138	312	14
15	Building renovation	2004	4,333	216	20	216		324	15
16	Res-info-ancillary bldg dev.	2004	1,444	206	7	206		309	16
17	HF/Res info-remove/relocate 2 voice & data	2004	450	64	7	64		96	17
18	Work performed - 2nd floor, room 20	2004	1,191	120	10	120		180	18
19	Landscaping design	2004	2,709	108	25	108		162	19
20	Exterior & interior renovation - SI	2004	25,855	1,724	15	1,724		2,586	20
21									21
22	Crackseal, sealcoat, restripe parking lot	2005	6,040	302	10	302		302	22
23	Landscaping improvement	2005	1,700	170	5	170		170	23
24	Lighting retrofit project	2005	32,463	1,082	15	1,082		1,082	24
25	Interior finishes renovation	2005	9,600	320	15	320		320	25
26	Cable wiring	2005	28,297	943	15	943		943	26
27	Siding, dormers, columns entrance ceiling	2005	24,875	1,244	10	1,244		1,244	27
28	Two new pumps in mechanical room	2005	8,445	282	15	282		282	28
29	Boiler maintenance	2005	15,795	790	10	790		790	29
30	Fire alarm panel replacement	2005	6,950	232	15	232		232	30
31	One Drop ceiling - 2nd floor of nursing home	2005	1,058	35	15	35		35	31
32	Shower trolley 1900mm electric universal shower	2005	8,303	277	15	277		277	32
33	Wiring across from room 21	2005	2,547	85	15	85		85	33
34	TOTAL (lines 1 thru 33)		\$ 9,160,283	\$ 334,804		\$ 334,490	\$ (314)	\$ 7,781,467	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1 Totals from Page 12C, Carried Forward		\$ 9,160,283	\$ 334,804		\$ 334,490	\$ (314)	\$ 7,781,467		1
2 5 ton condensing unit for laundry are:	2005	1,977	99	10	99		99		2
3 Roof work	2005	2,500	125	10	125		125		3
4 Materials for winter repair	2005	7,365	368	10	368		368		4
5 Burner tray & burners on Rheem hot water boile	2005	3,485	174	10	174		174		5
6 Casing, relief valve replacemen	2005	3,142	224	7	224		224		6
7 Wiring room 215	2005	1,519	76	10	76		76		7
8 Wiring standard location	2005	3,121	156	10	156		156		8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32 Home Office Allocation					68,317	68,317			32
33									33
34 TOTAL (lines 1 thru 33)		\$ 9,183,392	\$ 336,026		\$ 404,029	\$ 68,003	\$ 7,782,689		34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

C. Equipment Depreciation-Excluding Transportation. (See instruction

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component/ Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,588,802	\$ 59,585	\$ 59,585		5-15	\$ 1,234,629	71
72	Current Year Purchases	49,615	3,308	3,308		5-10	3,308	72
73	Fully Depreciated Assets	825,058					825,058	73
74								74
75	TOTALS	\$ 2,463,475	\$ 62,893	\$ 62,893			\$ 2,062,995	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Maintenance	1987 Ford Van	1992	\$ 5,000				5	\$ 5,000	76
77	Maintenance	1992 Ford F250	1992	18,860				5	18,860	77
78	Facility	1998 Saturn Wagon	1997	10,891				5	10,891	78
79	See attached schedule Sch. 13A			68,838				4	68,838	79
80	TOTALS			\$ 103,589	\$	\$			\$ 103,589	80

E. Summary of Care-Related Asset

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 12,673,883	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 398,919	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 466,922	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 68,003	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 9,949,273	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	N/A	\$	\$		86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$		91

G. Construction-in-Progres

	Description	Cost	
92	N/A	\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column f

SEE ACCOUNTANTS' COMPILATION REPORT

Holy Family Health Center
 Provider # 0026286
 7/1/2004 - 6/30/2005

Schedule 13A

Vehicle Depreciation

<u>Description</u>	<u>Model</u>	<u>Year</u>	<u>Cost</u>	<u>Current Bk Depr</u>	<u>St. Line Depr</u>	<u>Life in Years</u>	<u>Accum Depr</u>	<u>Line Ref</u>
Resident	Dodge Caravan SS w/resident T-wheel chair	1998	38,811			4	38,811	79
Facility	Dodge 10 Passenger Van	1999	30,027	1,876	1,876	4	30,027	79
Total			<u>68,838</u>	<u>1,876</u>	<u>1,876</u>		<u>68,838</u>	

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$ <u>N/A</u>			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease N/A.

N/A

N/A

9. Option to Buy: ☐ YES ☐ NO Terms: _____ *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

☐ YES ☒ NO

16. Rental Amount for movable equipment: \$ \$ 40,026

Description: See Attached

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$ <u>N/A</u>	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. /2006 \$ _____

13. /2007 \$ _____

14. /2008 \$ _____

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

Holy Family Health Center
Provider # 0026286
7/1/2004 - 6/30/2005

Schedule 14A

XII - Rental Cost: Line 16 (Description)

Mattresses	5,770
IV pumps	17,380
Oxygen tanks	1,188
Maintenance equipment	1,483
Nursing equipment	1,168
Other office equipment	205
Postage meter	4,188
Copiers	4,136
Wound vac	<u>4,508</u>
Total	<u><u>40,026</u></u>

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wage (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefit.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefit.
- (c) For in-house training programs only. Do not include fringe benefit.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities:

\$ _____

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.
- SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.

		1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service	Cost	Units	Cost					
1	Licensed Occupational Therapist	L10A C1,3	4252	hrs	\$ 106,242	61	\$ 3,287	\$	4,313	\$ 109,529	1
2	Licensed Speech and Language Development Therapist	L10A C1,2,3	1926	hrs	69,097	102	5,461	52	2,028	74,610	2
3	Licensed Recreational Therapist			hrs							3
4	Licensed Physical Therapist	L10A C1,2,3	4149	hrs	124,290	353	15,196	16,021	4,502	155,507	4
5	Physician Care			visits							5
6	Dental Care			visits							6
7	Work Related Program			hrs							7
8	Habilitation			hrs							8
9	Pharmacy	L39 C2		# of prescripts				910,769		910,769	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Exceptional Care Program										12
13	Other (specify):										13
14	TOTAL				\$ 299,629	516	\$ 23,944	\$ 926,842	10,843	\$ 1,250,415	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed
Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed
on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 861,074	\$ 861,074	1
2	Cash-Patient Deposits	178,382	178,382	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 1,348,931)	1,285,856	1,285,856	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	90,700	90,700	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,416,012	\$ 2,416,012	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	923,427	923,427	13
14	Buildings, at Historical Cost	5,555,077	5,573,361	14
15	Leasehold Improvements, at Historical Cost	393,762	3,610,031	15
16	Equipment, at Historical Cost	5,801,587	2,567,064	16
17	Accumulated Depreciation (book methods)	(9,949,152)	(9,949,273)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,724,701	\$ 2,724,610	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,140,713	\$ 5,140,622	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 133,645	\$ 133,645	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	28,716	28,716	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Due to Related Parties	11,001,520	11,001,520	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 11,163,881	\$ 11,163,881	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 11,163,881	\$ 11,163,881	46
47	TOTAL EQUITY (page 18, line 24)	\$ (6,023,168)	\$ (6,023,259)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,140,713	\$ 5,140,622	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (5,250,400)	1
2	Restatements (describe):		2
3			3
4	Prior Period Adjustment	27,600	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (5,222,800)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(800,368)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (800,368)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (6,023,168)	24 *

Operating Entity Only

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Holy Family Health Center

0026286

Report Period Beginning: 07/01/2004

Ending: 06/30/2005

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached

Note: This schedule should show gross revenue and expenses. Do not net revenue against expenses.

1			
	Revenue	Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 11,082,167	1
2	Discounts and Allowances for all Levels	(5,072,416)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,009,751	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,376,260	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,376,260	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursement		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	2,462	13
14	Non-Patient Meals	788	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	21,600	16
17	Sale of Drugs	1,057,462	17
18	Sale of Supplies to Non-Patient		18
19	Laboratory	24,575	19
20	Radiology and X-Ray	7,221	20
21	Other Medical Services	248,807	21
22	Laundry	36,425	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,399,340	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income**	9,806	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 9,806	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See attached</u>	232,065	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 232,065	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,027,222	30

2			
	Expenses	Amount	
A. Operating Expenses			
31	General Services	2,038,390	31
32	Health Care	4,245,645	32
33	General Administration	2,890,020	33
B. Capital Expense			
34	Ownership	533,710	34
C. Ancillary Expense			
35	Special Cost Centers	935,317	35
36	Provider Participation Fee	184,508	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,827,590	40
41	Income before Income Taxes (line 30 minus line 40)**	(800,368)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (800,368)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? Yes If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Holy Family Health Center
Provider # 0026286
7/1/2004 - 6/30/2005

Schedule 19A

XVII - Income Statement: Line 28 - Other Revenue	<u>Amount</u>
Rental Income	218,796
Maintenance Income	9,000
Miscellaneous	<u>4,269</u>
	<u><u>232,065</u></u>

Facility Name & ID Number **Holy Family Health Center**

0026286

Report Period Beginning: 07/01/2004

Ending:

06/30/2005

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4	
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1 Director of Nursing	1,792	2,080	\$ 84,142	\$ 40.45	1
2 Assistant Director of Nursing	1,738	2,066	59,129	28.62	2
3 Registered Nurses	46,482	52,828	1,498,049	28.36	3
4 Licensed Practical Nurses	4,353	4,961	108,235	21.82	4
5 CNAs & Orderlies	106,048	119,832	1,574,524	13.14	5
6 CNA Trainees					6
7 Licensed Therapist	9,348	10,327	299,629	29.01	7
8 Rehab/Therapy Aides					8
9 Activity Director					9
10 Activity Assistants	12,218	13,765	176,256	12.80	10
11 Social Service Worker	3,673	4,057	55,183	13.60	11
12 Dietician					12
13 Food Service Supervisor					13
14 Head Cook					14
15 Cook Helpers/Assistants					15
16 Dishwashers					16
17 Maintenance Worker	5,603	6,267	125,726	20.06	17
18 Housekeepers	25,948	28,816	306,114	10.62	18
19 Laundry	13,925	15,568	159,142	10.22	19
20 Administrator	2,000	2,080	107,120	51.50	20
21 Assistant Administrator					21
22 Other Administrative					22
23 Office Manager					23
24 Clerical	7,356	8,120	109,999	13.55	24
25 Vocational Instruction					25
26 Academic Instruction					26
27 Medical Director					27
28 Qualified MR Prof. (QMRP)					28
29 Resident Services Coordinator					29
30 Habilitation Aides (DD Homes)					30
31 Medical Records	2,980	3,155	51,274	16.25	31
32 Other Health C: See Sch 20A	7,618	8,578	167,138	19.48	32
33 Other(specify)					33
34 TOTAL (lines 1 - 33)	251,082	282,500	\$ 4,881,660 *	\$ 17.28	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35 Dietary Consultant		\$		35
36 Medical Director	Monthly	18,000	9(3)	36
37 Medical Records Consultant				37
38 Nurse Consultant				38
39 Pharmacist Consultant				39
40 Physical Therapy Consultant				40
41 Occupational Therapy Consultant				41
42 Respiratory Therapy Consultant				42
43 Speech Therapy Consultant				43
44 Activity Consultant				44
45 Social Service Consultant				45
46 Other(specify)				46
47				47
48				48
49 TOTAL (lines 35 - 48)		\$ 18,000		49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50 Registered Nurses	376	\$ 19,560	10(3)	50
51 Licensed Practical Nurses				51
52 Certified Nurse Assistants/Aides				52
53 TOTAL (lines 50 - 52)	376	\$ 19,560		53

SEE ACCOUNTANTS' COMPILATION REPORT

Holy Family Health Center
Provider # 0026286
7/1/2004 - 6/30/2005

Schedule 20A

XVIII - Salary & Wages: Line 32 - Other healthcare

	Hours Worked	Hours Paid	Wages	Ave Hrly Wage
Director - Rehab Services	67	67	3,032	45.25
Director - Special Care	952	1,120	22,795	20.35
Unit Receptionist	2,868	3,148	33,781	10.73
MCD/Care Plan Coordinator	3,731	4,243	107,530	25.34
	7,618	8,578	167,138	19.48

XIX. SUPPORT SCHEDULES

A. Administrative Salaries <table border="1"> <thead> <tr> <th>Name</th> <th>Function</th> <th>Ownership %</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td><u>Sr. Elizabeth Trembczynski</u></td> <td><u>Administrator</u></td> <td><u>0</u></td> <td><u>107,120</u></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="3">TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)</td> <td><u>\$ 107,120</u></td> </tr> </tbody> </table>			Name	Function	Ownership %	Amount	<u>Sr. Elizabeth Trembczynski</u>	<u>Administrator</u>	<u>0</u>	<u>107,120</u>																					TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			<u>\$ 107,120</u>	D. Employee Benefits and Payroll Taxes <table border="1"> <thead> <tr> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr><td><u>Workers' Compensation Insurance</u></td><td><u>\$ 73,441</u></td></tr> <tr><td><u>Unemployment Compensation Insurance</u></td><td><u>10,767</u></td></tr> <tr><td><u>FICA Taxes</u></td><td><u>355,051</u></td></tr> <tr><td><u>Employee Health Insurance</u></td><td><u>756,875</u></td></tr> <tr><td><u>Employee Meals</u></td><td> </td></tr> <tr><td><u>Illinois Municipal Retirement Fund (IMRF)*</u></td><td> </td></tr> <tr><td><u>Employee Life Insurance</u></td><td><u>7,649</u></td></tr> <tr><td><u>Employee Dental Insurance</u></td><td><u>26,102</u></td></tr> <tr><td><u>Retirement Programs</u></td><td><u>282,443</u></td></tr> <tr><td><u>Group Disability</u></td><td><u>15,187</u></td></tr> <tr><td><u>Employee Morale & other Benefits</u></td><td><u>14,206</u></td></tr> <tr><td> </td><td> </td></tr> <tr><td><u>Home Office Allocation</u></td><td><u>38,822</u></td></tr> <tr><td> </td><td> </td></tr> <tr> <td>TOTAL (agree to Schedule V, line 22, col.8)</td> <td><u>\$ 1,580,543</u></td> </tr> </tbody> </table>			Description	Amount	<u>Workers' Compensation Insurance</u>	<u>\$ 73,441</u>	<u>Unemployment Compensation Insurance</u>	<u>10,767</u>	<u>FICA Taxes</u>	<u>355,051</u>	<u>Employee Health Insurance</u>	<u>756,875</u>	<u>Employee Meals</u>		<u>Illinois Municipal Retirement Fund (IMRF)*</u>		<u>Employee Life Insurance</u>	<u>7,649</u>	<u>Employee Dental Insurance</u>	<u>26,102</u>	<u>Retirement Programs</u>	<u>282,443</u>	<u>Group Disability</u>	<u>15,187</u>	<u>Employee Morale & other Benefits</u>	<u>14,206</u>			<u>Home Office Allocation</u>	<u>38,822</u>			TOTAL (agree to Schedule V, line 22, col.8)	<u>\$ 1,580,543</u>	F. Dues, Fees, Subscriptions and Promotions <table border="1"> <thead> <tr> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr><td><u>IDPH License Fee</u></td><td><u>\$ 1,784</u></td></tr> <tr><td><u>Advertising: Employee Recruitment</u></td><td> </td></tr> <tr><td><u>Health Care Worker Background Check</u> (Indicate # of checks performed)</td><td> </td></tr> <tr><td><u>Life Services Network of Illinois dues</u></td><td><u>3,667</u></td></tr> <tr><td><u>Miscellaneous dues</u></td><td><u>989</u></td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td>Less: Public Relations Expense</td><td>()</td></tr> <tr><td>Non-allowable advertising</td><td>()</td></tr> <tr><td>Yellow page advertising</td><td>()</td></tr> <tr><td> </td><td> </td></tr> <tr> <td>TOTAL (agree to Sch. V, line 20, col. 8)</td> <td><u>\$ 6,440</u></td> </tr> </tbody> </table>			Description	Amount	<u>IDPH License Fee</u>	<u>\$ 1,784</u>	<u>Advertising: Employee Recruitment</u>		<u>Health Care Worker Background Check</u> (Indicate # of checks performed)		<u>Life Services Network of Illinois dues</u>	<u>3,667</u>	<u>Miscellaneous dues</u>	<u>989</u>											Less: Public Relations Expense	()	Non-allowable advertising	()	Yellow page advertising	()			TOTAL (agree to Sch. V, line 20, col. 8)	<u>\$ 6,440</u>
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* Attach copy of IMRF notifications
 SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
 (See instructions.)

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	5 Amount of Expense Amortized Per Year								
					6 FY2002	7 FY2003	8 FY2004	9 FY2005	10 FY2006	11 FY2007	12 FY2008	13 FY2009	14 FY2010
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4						N/A							
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Holy Family Health Center

0026286

Report Period Beginning: 07/01/2004 Ending: 06/30/2005

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union No
- (2) Are there any dues to nursing home associations included on the cost report Yes
If YES, give association name and amount Life Services Network of Illinois -3,667
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases Yes
What was the average life used for new equipment added during this period 7.5 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expenses and the location of this expense on Sch. V. 12,156 Line 10(2)
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease N/A
- (9) Are you presently operating under a sublease agreement YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility IDPH license number of this related party and the date the present owners took over N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 184,508
This amount is to be recorded on line 42 of Schedule V
- (12) Are there any salary costs which have been allocated to more than one line on Schedule for an individual employee? No If YES, attach an explanation of the allocation
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services if the patient census listed on page 2, Section B N/A For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these function
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ None Has any meal income been offset against related costs? Yes Indicate the amount \$ 788
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel No
If YES, attach a complete explanation
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 76%
d. Have vehicle usage logs been maintained Adequate records have been maintained.
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ n/a
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: KPMG LLP The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Audit not yet completed.
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? N/A
Attach invoices and a summary of services for all architect and appraisal fee

SEE ACCOUNTANTS' COMPILATION REPORT

RECONCILIATION REPORT

03:44 PM 3/20/2006

ITEM	Value 1	Cond.	Value 2	Difference	RESULTS	COMPARE CEL	SUB-SCHED.	LINE NO.	COL. NO.	WITH CELL	SUB-SCHED.	LINE NO.	COL. NO.
Adjustment Detail	-373,048	equal to	-373,048	0	O.K.	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	84,959	equal to	84,959	0	O.K.	Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	0	equal to	0	0	O.K.	Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-opening & org.	N/A	equal to	0	#VALUE!	#VALUE!	Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciation	466,922	equal to	466,922	0	O.K.	Pg13 Y28	E.	49	2	Pg4 L11	N/A	30	8
Rental Costs A	0	equal to	0	0	O.K.	Pg14 L20+N22	A.	7 + 8	4+N/A	Pg4 L15	N/A	34	8
Rental Costs B	40,026	equal to	40,026	0	O.K.	Pg14 J30+N40	B.+ C.	16+21	N/A+4	Pg4 L16	N/A	35	8
Nurse Aid Training Prog.	0	equal to	0	0	O.K.	Pg15 L36	B.	10	1	Pg3 L23	N/A	13	8
Special Serv.- Staff Wages	291,683	equal to	0	0	O.K.	Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	339,646	equal to	339,646	0	O.K.	Pg16 Z12+Z14.	N/A/B	1-4;40-43	8;2	Pg3 H20	N/A	10a	4
Special Serv.- Supplies	926,842	equal to	926,842	0	O.K.	Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39,10a	2
Income Stat. General Serv.	2,038,390	equal to	2,038,390	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	4,245,645	equal to	4,245,645	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Administration	2,890,020	equal to	2,890,020	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	533,710	equal to	533,710	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	935,317	equal to	935,317	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21..H24+i	N/A	38to41+43	4
Income Stat. Prov. Partic.	184,508	equal to	184,508	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	3,375,353	equal to	3,542,491	-167,138	FAILED	Pg20 K11..K15+	A.	1-5,24,25,27-30	3	Pg3 E19	N/A	10	1
Staff- Nurse aide Training	0	< or = to	0	0	O.K.	Pg20 K16	A.	6	3	Pg3 E23	N/A	13	1
Staff-Licensed Therapist	0	equal to	0	0	O.K.	Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1
Staff- Activities	176,256	equal to	176,256	0	O.K.	Pg20 K19+K20	A.	9+10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	55,183	equal to	55,183	0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	0	equal to	0	0	O.K.	Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	125,726	equal to	125,726	0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	306,114	equal to	306,114	0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	159,142	equal to	159,142	0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	107,120	equal to	107,120	0	O.K.	Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	109,999	equal to	109,999	0	O.K.	Pg20 K33..K34	A.	23+24	3	Pg3 E32	N/A	21	1
Staff- Medical Director	0	equal to	0	0	O.K.	Pg20 K37	A.	27	3	Pg3 E18	N/A	9	1
Total Salaries And Wages	4,881,660	equal to	4,881,660	0	O.K.	Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1
Dietary Consultant	0	< or = to	0	0	O.K.	Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	18,000	< or = to	18,000	0	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	19,560	< or = to	19,560	0	O.K.	Pg20 X14..X16+	B. & C.	17to39 and 50to6	2	Pg3 G19	N/A	10	3
Activity Consultant	0	< or = to	1,128	-1,128	O.K.	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	0	< or = to	2,200	-2,200	O.K.	Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched.- Admin. Salar.	107,120	equal to	107,120	0	O.K.	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched.- Admin. Other	887,871	equal to	887,871	0	O.K.	Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched.- Prof. Serv.	0	equal to	0	0	O.K.	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched.- Benefit/Taxes	1,580,543	equal to	1,580,543	0	O.K.	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched.- Sched of dues..	6,440	equal to	6,440	0	O.K.	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched.- Sched. of trav	2,205	equal to	2,205	0	O.K.	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particip. Fees	184,508	equal to	184,508	0	O.K.	Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	0	< or = to	38,822	-38,822	O.K.	Pg23 S16	N/A	16	N/A	Pg3 K33	N/A	2 & 22	7
Gen. Info - Employee Meals	0	equal to	0	0	O.K.	Pg23 S16	N/A	16	N/A	Pg21 P12	D.	N/A	N/A
Nurse aide training	0	equal to	0	0	O.K.	Pg15 U29..U31	B.	3, 4 & 5	4	Pg3 E23	N/A	13	1
Days of medicare provided	9,032	equal to	9,032	0	O.K.	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs	-295,012	equal to	-295,012	0	O.K.	Pg5 Z18	B.	34	1	Pg6 to Pg 6l Y4	B.	14	8
Total loan balance	0	equal to	0	0	O.K.	Pg9 L34	A.	15	7	Pg17 V13+V27.	N/A	29+39-41	2
Real estate tax accrual	0	equal to	0	0	O.K.	Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	923,427	equal to	923,427	0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	9,183,392	equal to	9,183,392	0	O.K.	Pg12 to 12l L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2
Equipment and vehicle cost	2,567,064	equal to	2,567,064	0	O.K.	Pg13 O22+L13	C. & D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	9,949,273	equal to	9,949,273	0	O.K.	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	-6,023,168	equal to	-6,023,168	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	-800,368	equal to	-800,368	0	O.K.	Pg18 I15	N/A	7	1	Pg19 P30	N/A	43	2
Unamortized deferred maint. cost	0	equal to	0	0	O.K.	Pg22 F31-J31..1	H.	20	3	Pg17 K30	N/A	18	2
Balance Sheet	5,140,713	equal to	5,140,713	0	O.K.	Pg17 H41		25	1	Pg17 S41	N/A	48	1

Holy Family Health Center
IDPA Comparative Data - Per Resident Day Cost
Year Ending 06/30/2005

Enter your HSA # in next column
Census (Pulls from Page 2)

1

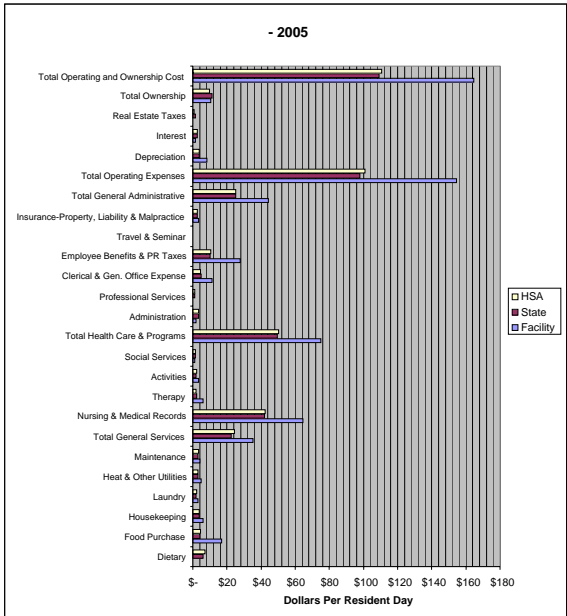
56,804

Cost Report Line	Description	Average Median Cost Per Day		Your Facility	State	HSA	IDPA LTC Profiles											10th %	90th %
		LTC Median Per Diem Cost by HSA - 2003 Cost Reports 2003 (Run June 1, 2004)																	
Cost Report Line	Description	State- Wide	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	
1	Dietary	0.01	6.10	7.02	6.10	7.02	6.48	5.50	6.48	5.48	6.06	6.06	6.06	5.60	7.02	5.70	4.13	9.81	
2	Food Purchase	17.05	4.31	4.47	4.31	4.47	4.40	4.27	4.40	3.99	4.31	4.31	4.31	4.28	4.47	4.11	3.36	6.04	
3	Housekeeping	6.19	3.70	3.59	3.70	3.59	3.68	2.91	3.68	3.40	4.05	4.05	4.05	3.97	3.59	3.61	2.48	5.80	
4	Laundry	2.89	1.85	2.23	1.85	2.23	1.90	1.79	1.90	2.10	1.59	1.59	1.59	1.69	2.23	2.13	0.91	3.14	
5	Heat & Other Utilities	4.87	2.95	3.17	2.95	3.17	2.93	2.94	2.93	2.71	2.93	2.93	2.93	2.91	3.17	2.95	2.05	4.25	
6	Maintenance	4.11	3.01	3.26	3.01	3.26	3.03	2.99	3.03	2.55	3.21	3.21	3.21	3.05	3.26	2.82	1.92	5.12	
8	Total General Services	35.12	22.58	24.49	22.58	24.49	21.14	22.99	21.47	22.65	22.65	22.65	22.45	24.49	21.73	17.57	31.51	27.25	
10	Nursing & Medical Records	64.35	41.83	42.52	41.83	42.52	43.12	38.37	43.12	33.78	45.12	45.12	45.12	47.22	42.52	42.15	1.71	7.21	
10A	Therapy	5.98	2.10	1.86	5.98	2.10	1.86	2.69	3.34	2.69	3.47	1.45	1.45	1.45	2.41	1.86	0.07	3.44	
11	Activities	3.20	1.91	2.18	3.20	1.91	2.18	1.92	1.61	1.92	1.48	2.16	2.16	2.05	2.18	1.54	2.49	10.78	
12	Social Services	1.01	1.42	1.45	1.01	1.42	1.45	1.01	1.42	1.45	1.01	1.42	1.45	1.01	1.42	1.45	6.33	19.34	
16	Total Health Care & Programs	74.87	49.48	50.39	49.48	50.39	46.39	51.22	46.39	51.22	41.58	52.34	52.34	52.34	54.96	50.39	49.49	69.40	
17	Administration	1.89	3.36	3.33	1.89	3.36	3.33	3.15	3.15	3.15	3.60	3.46	3.46	3.46	3.04	3.33	3.17	1.71	
19	Professional Services	-	0.99	1.09	-	0.99	1.09	0.85	0.83	0.85	0.76	1.12	1.12	1.13	1.09	0.77	-	11.53	
21	Clerical & Gen. Office Expense	11.20	4.79	4.32	11.20	4.79	4.32	4.97	3.98	4.97	3.46	5.56	5.56	5.04	4.32	4.25	-	4.85	
22	Employee Benefits & PR Taxes	27.82	10.09	10.42	27.82	10.09	10.42	11.01	8.88	11.01	7.67	10.51	10.51	11.38	10.42	9.08	3.76	23.58	
24	Travel & Seminar	0.04	0.08	0.10	0.04	0.08	0.10	0.10	0.13	0.13	0.13	0.06	0.06	0.06	0.05	0.10	0.07	-	
26	Insurance-Property, Liability & Malpractice	3.28	2.58	2.47	3.28	2.58	2.47	2.55	2.35	2.55	2.22	2.85	2.85	2.19	2.47	2.61	16.95	39.14	
28	Total General Administrative	44.35	24.94	25.31	44.35	24.94	25.31	26.11	23.02	26.11	21.37	25.81	25.81	26.59	25.31	22.93	73.16	166.14	
29	Total Operating Expenses	154.34	98.06	100.77	154.34	98.06	100.77	98.06	100.77	92.47	100.03	88.05	100.96	100.96	103.01	100.77	69.40	142.56	
30	Depreciation	8.22	3.70	3.82	8.22	3.70	3.82	3.82	4.08	3.29	4.08	2.54	4.11	4.11	3.54	3.82	1.01	8.43	
32	Interest	1.50	2.54	2.81	1.50	2.54	2.81	2.81	1.96	2.09	1.96	1.41	4.05	4.05	4.05	2.63	2.81	-	
33	Real Estate Taxes	-	1.38	0.92	-	1.38	0.92	1.08	0.82	1.08	0.80	3.20	3.20	3.20	1.36	0.92	1.11	-	
37	Total Ownership	10.42	11.11	9.73	10.42	11.11	9.73	8.00	8.00	9.80	7.04	14.54	14.54	14.54	11.02	9.73	8.39	-	
	Total Operating and Ownership Cost	164.76	111.11	110.50	164.76	111.11	110.50	109.83	109.83	95.09	115.50	115.50	115.50	114.03	110.50	103.10	73.16	166.14	

Notes:

Your Facility data is from page 3, column 8 of your 2005 Medicaid cost report, divided by your annual census.

The Average Median Cost Per Day for the State and your HSA is taken from data available from the Illinois Department of Public Aid and corresponds with the respective cost report data after final adjustments.



IDPA Comparative Data - Per Resident Day Cost
Year Ending

Enter your HSA # in next column
Census (Pulls from Page 2)

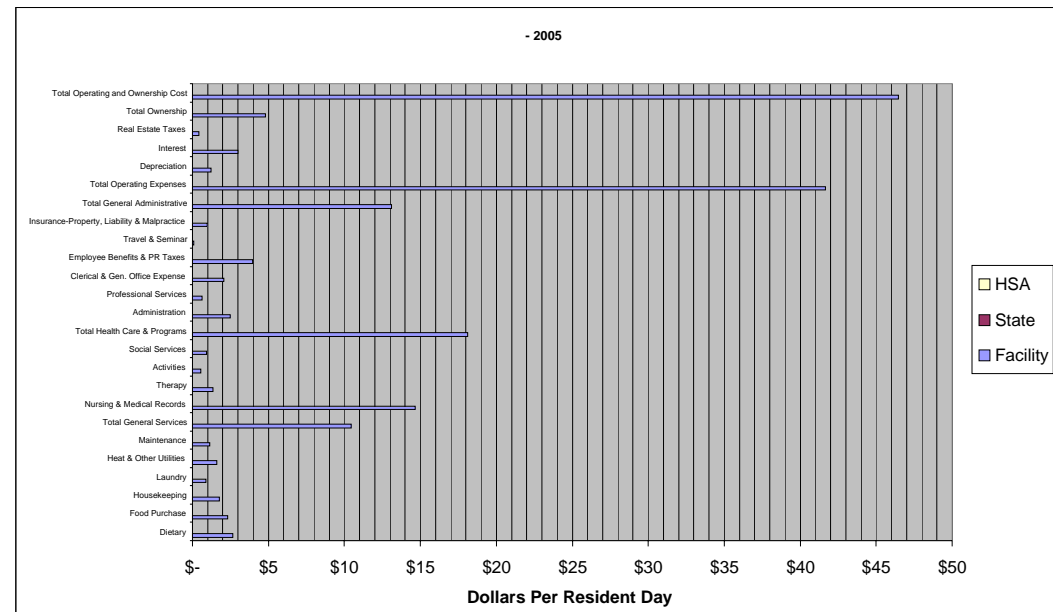
1
56,804

Cost Report Line	Description	2005	2004 Median		2004	2004 Median		2003	2003 Median		2002	2002 Median	
		Per Diem Your Facility	State	HSA	Per Diem Your Facility	State	HSA	Per Diem Your Facility	State	HSA	Per Diem Your Facility	State	HSA
1	Dietary	2.66	-	-	#DIV/0!	-	-	#DIV/0!	6.01	7.28	#DIV/0!	6.01	7.28
2	Food Purchase	2.34	-	-	#DIV/0!	-	-	#DIV/0!	4.27	4.52	#DIV/0!	4.27	4.52
3	Housekeeping	1.78	-	-	#DIV/0!	-	-	#DIV/0!	3.65	3.84	#DIV/0!	3.65	3.84
4	Laundry	0.90	-	-	#DIV/0!	-	-	#DIV/0!	1.90	2.15	#DIV/0!	1.90	2.15
5	Heat & Other Utilities	1.60	-	-	#DIV/0!	-	-	#DIV/0!	2.71	2.84	#DIV/0!	2.71	2.84
6	Maintenance	1.14	-	-	#DIV/0!	-	-	#DIV/0!	2.99	3.41	#DIV/0!	2.99	3.41
8	Total General Services	10.44	-	-	#DIV/0!	-	-	#DIV/0!	22.09	24.39	#DIV/0!	22.09	24.39
10	Nursing & Medical Records	14.67	-	-	#DIV/0!	-	-	#DIV/0!	40.68	42.79	#DIV/0!	40.68	42.79
10A	Therapy	1.36	-	-	#DIV/0!	-	-	#DIV/0!	1.85	1.90	#DIV/0!	1.85	1.90
11	Activities	0.54	-	-	#DIV/0!	-	-	#DIV/0!	1.88	2.12	#DIV/0!	1.88	2.12
12	Social Services	0.91	-	-	#DIV/0!	-	-	#DIV/0!	1.44	1.46	#DIV/0!	1.44	1.46
16	Total Health Care & Programs	18.11	-	-	#DIV/0!	-	-	#DIV/0!	47.55	50.19	#DIV/0!	47.55	50.19
17	Administration	2.49	-	-	#DIV/0!	-	-	#DIV/0!	3.39	3.49	#DIV/0!	3.39	3.49
19	Professional Services	0.65	-	-	#DIV/0!	-	-	#DIV/0!	0.98	1.00	#DIV/0!	0.98	1.00
21	Clerical & Gen. Office Expense	2.04	-	-	#DIV/0!	-	-	#DIV/0!	4.58	4.07	#DIV/0!	4.58	4.07
22	Employee Benefits & PR Taxes	3.98	-	-	#DIV/0!	-	-	#DIV/0!	9.63	10.11	#DIV/0!	9.63	10.11
24	Travel & Seminar	0.08	-	-	#DIV/0!	-	-	#DIV/0!	0.09	0.12	#DIV/0!	0.09	0.12
26	Insurance-Property, Liability & Malpractice	0.98	-	-	#DIV/0!	-	-	#DIV/0!	2.19	1.93	#DIV/0!	2.19	1.93
28	Total General Administrative	13.12	-	-	#DIV/0!	-	-	#DIV/0!	23.47	23.64	#DIV/0!	23.47	23.64
29	Total Operating Expenses	41.67	-	-	#DIV/0!	-	-	#DIV/0!	94.39	99.26	#DIV/0!	94.39	99.26
30	Depreciation	1.22	-	-	#DIV/0!	-	-	#DIV/0!	3.53	3.13	#DIV/0!	3.53	3.13
32	Interest	2.99	-	-	#DIV/0!	-	-	#DIV/0!	2.73	2.84	#DIV/0!	2.73	2.84
33	Real Estate Taxes	0.42	-	-	#DIV/0!	-	-	#DIV/0!	1.30	0.77	#DIV/0!	1.30	0.77
37	Total Ownership	4.78	-	-	#DIV/0!	-	-	#DIV/0!	11.44	9.19	#DIV/0!	11.44	9.19
	Total Operating and Ownership Cost	46.45	-	-	#DIV/0!	-	-	#DIV/0!	108.45	108.45	#DIV/0!	105.83	108.45

Notes:

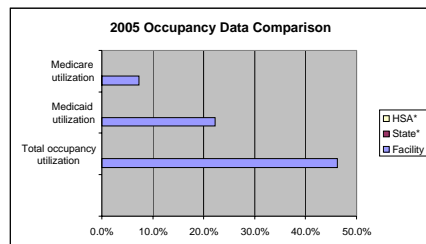
Your Facility data is from page 3, column 8 of each of your respective Medicaid cost reports, divided by the respective annual census.

The 2001 & 2002 Median Cost Per Day, for the State and your HSA is taken from data available from the Illinois Department of Public Aid and corresponds with the respective cost report data after final adjustments.



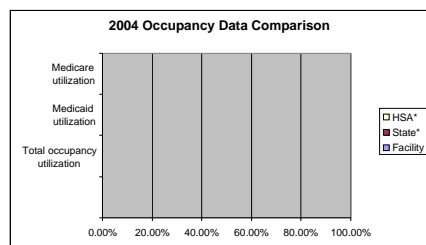
2005

	Your	State*	HSA*
	Facility		
Total occupancy utilization	46.18%	0.00%	0.00%
Medicaid utilization	22.27%	0.00%	0.00%
Medicare utilization	7.34%	0.00%	0.00%
Private pay percent utilization	16.57%	N/A	N/A
Capacity in Patient Days	123,005	N/A	N/A
Census days of service provided	56,804	N/A	N/A



2004

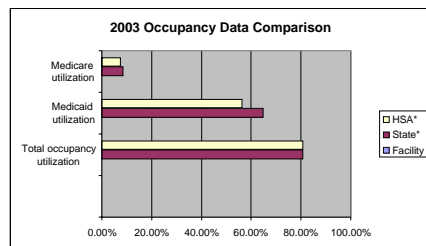
	Your	State*	HSA*
	Facility		
Total occupancy utilization	#DIV/0!	0.00%	0.00%
Medicaid utilization		0.00%	0.00%
Medicare utilization		0.00%	0.00%
Private pay percent utilization	N/A	N/A	N/A
Capacity in Patient Days	N/A	N/A	N/A
Census days of service provided	N/A	N/A	N/A



* State and HSA data for 2004 and 2005 is not expected to be available from HFS until March 2006 and 2007 respectively.

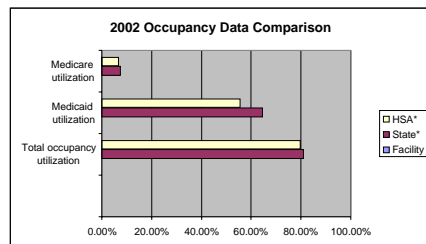
2003

	Your	State*	HSA*
	Facility		
Total occupancy utilization	#DIV/0!	80.80%	80.80%
Medicaid utilization		64.80%	56.40%
Medicare utilization		8.50%	7.50%
Private pay percent utilization	N/A	N/A	N/A
Capacity in Patient Days	N/A	N/A	N/A
Census days of service provided	N/A	N/A	N/A

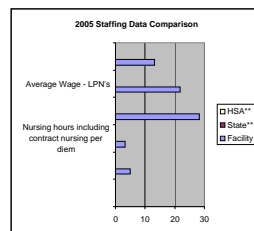


2002

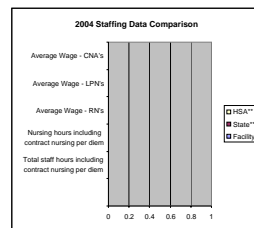
	Your	State*	HSA*
	Facility		
Total occupancy utilization	#DIV/0!	80.90%	79.60%
Medicaid utilization		64.50%	55.50%
Medicare utilization		7.40%	6.80%
Private pay percent utilization	N/A	N/A	N/A
Capacity in Patient Days	N/A	N/A	N/A
Census days of service provided	N/A	N/A	N/A



2005			
Your			
Facility	State**	HSA**	
Total staff hours including contract nursing per diem	4.98	0.00	0.00
Nursing hours including contract nursing per diem	3.21	0.00	0.00
Average Wage - RN's	28.36	0.00	0.00
Average Wage - LPN's	21.82	0.00	0.00
Average Wage - CNA's	13.14	0.00	0.00

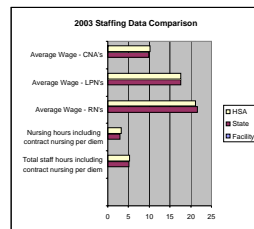


2004			
Your			
Facility	State**	HSA**	
Total staff hours including contract nursing per diem	0.00	0.00	
Nursing hours including contract nursing per diem	0.00	0.00	
Average Wage - RN's	0.00	0.00	
Average Wage - LPN's	0.00	0.00	
Average Wage - CNA's	0.00	0.00	

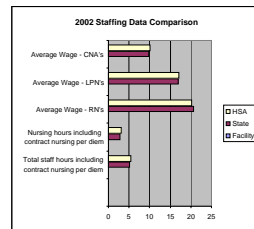


** State and HSA data for 2004 and 2005 is not expected to be available from HFS until March 2006 and 2007 respectively.

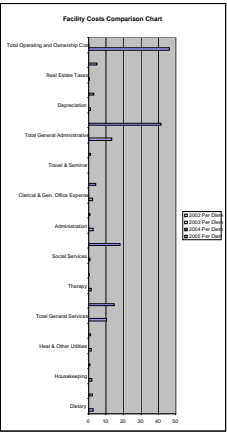
2003			
Your			
Facility	State	HSA	
Total staff hours including contract nursing per diem	5.10	5.30	
Nursing hours including contract nursing per diem	2.90	3.20	
Average Wage - RN's	21.56	21.14	
Average Wage - LPN's	17.64	17.65	
Average Wage - CNA's	9.91	10.11	



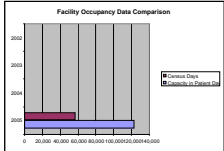
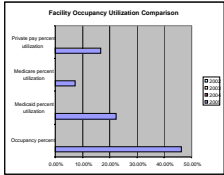
2002			
Your			
Facility	State	HSA	
Total staff hours including contract nursing per diem	5.20	5.50	
Nursing hours including contract nursing per diem	2.80	3.10	
Average Wage - RN's	20.69	20.12	
Average Wage - LPN's	16.89	17.04	
Average Wage - CNA's	9.73	10.05	



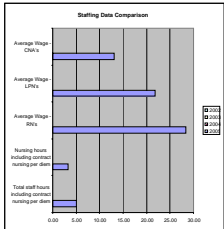
Cost Report Line	Account	Year 2003	Year 2004	Year 2005	Year 2006
		Facility	Facility	Facility	Facility
		2003	2004	2005	2006
		Per Bed	Per Bed	Per Bed	Per Bed
1	Energy	2.04	4500.00	4500.00	4500.00
2	Food Purchase	2.24	4500.00	4500.00	4500.00
3	Housekeeping	1.79	4500.00	4500.00	4500.00
4	Laundry	4.00	4500.00	4500.00	4500.00
5	Heat & Other Utilities	1.40	4500.00	4500.00	4500.00
6	Maintenance	1.15	4500.00	4500.00	4500.00
8	Total General Services	10.66	4500.00	4500.00	4500.00
10	Nursing & Medical Records	10.47	4500.00	4500.00	4500.00
10A	Therapy	1.26	4500.00	4500.00	4500.00
11	Activities	0.54	4500.00	4500.00	4500.00
12	Social Services	0.01	4500.00	4500.00	4500.00
16	Total Health Care & Programs	18.11	4500.00	4500.00	4500.00
17	Administration	2.00	4500.00	4500.00	4500.00
19	Professional Services	0.47	4500.00	4500.00	4500.00
21	Child & Gen. Office Expense	2.00	4500.00	4500.00	4500.00
22	Employee Benefits & FR Taxes	2.00	4500.00	4500.00	4500.00
24	Travel & Lodging	0.08	4500.00	4500.00	4500.00
26	Insurance-Property, Liability & Malpractice	0.08	4500.00	4500.00	4500.00
26	Total General Administration	11.12	4500.00	4500.00	4500.00
29	Total Operating Expenses	41.47	4500.00	4500.00	4500.00
30	Depreciation	1.22	4500.00	4500.00	4500.00
32	Interest	2.00	4500.00	4500.00	4500.00
33	Real Estate Taxes	4.42	4500.00	4500.00	4500.00
37	Total Ownership	4.79	4500.00	4500.00	4500.00
	Total Operating and Ownership Cost	46.45	4500.00	4500.00	4500.00



	Facility 2003	Facility 2004	Facility 2005	Facility 2006
Occupancy percent	46.10%	45.00%	45.00%	45.00%
Medicare percent utilization	22.27%	0.00%	0.00%	0.00%
Medicaid percent utilization	7.24%	0.00%	0.00%	0.00%
Private pay percent utilization	66.47%	0.00%	0.00%	0.00%
Capacity in Patient Days	120,000	0	0	0
Census Days	58,304	0	0	0



	Facility 2003	Facility 2004	Facility 2005	Facility 2006
Total staff hours including contract nursing per day	4.98	0.00	0.00	0.00
Nursing hours including contract nursing per day	3.27	0.00	0.00	0.00
Average Wage- RN's	28.36	0.00	0.00	0.00
Average Wage- LPN's	21.82	0.00	0.00	0.00
Average Wage- CNAs	13.14	0.00	0.00	0.00



	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjustments	Adjusted Total
1. Dietary	0	850	0	850	0	850	0	850
2. Food Purchase	0	969,541	0	969,541	0	969,541	(788)	968,753
3. Housekeeping	306,114	37,703	7,607	351,424	0	351,424	0	351,424
4. Laundry	159,142	41,425	0	200,567	0	200,567	(36,425)	164,142
5. Heat and Other Utilities	0	0	276,437	276,437	0	276,437	0	276,437
6. Maintenance	125,726	18,349	95,496	239,571	0	239,571	(6,155)	233,416
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	590,982	1,067,868	379,540	2,038,390	0	2,038,390	(43,368)	1,995,022
9. Medical Director	0	0	18,000	18,000	0	18,000	0	18,000
10. Nursing & Medical Records	3,542,491	86,063	19,560	3,648,114	0	3,648,114	7,265	3,655,379
10a. Therapy	299,629	16,073	23,944	339,646	0	339,646	0	339,646
11. Activities	176,256	4,664	1,128	182,048	0	182,048	0	182,048
12. Social Services	55,183	0	2,200	57,383	0	57,383	0	57,383
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	454	454	0	454	0	454
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	4,073,559	106,800	65,286	4,245,645	0	4,245,645	7,265	4,252,910
17. Administrative	107,120	0	887,871	994,991	0	994,991	(887,871)	107,120
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	0	0	0	0	0	0
20. Fees, Subscriptions & Promotion	0	0	6,440	6,440	0	6,440	0	6,440
21. Clerical & General Office	109,999	20,578	27,424	158,001	0	158,001	478,455	636,456
22. Employee Benefits & Payroll	0	0	1,541,721	1,541,721	0	1,541,721	38,822	1,580,543
23. Inservice Training & Education	0	0	0	0	0	0	0	0
24. Travel and Seminar	0	0	2,205	2,205	0	2,205	0	2,205
25. Other Admin. Staff Trans	0	0	146	146	0	146	0	146
26. Insurance-Prop.Liab.Malpractice	0	0	186,516	186,516	0	186,516	0	186,516
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	217,119	20,578	2,652,323	2,890,020	0	2,890,020	(370,594)	2,519,426
29. Total General Administrative	4,881,660	1,195,246	3,097,149	9,174,055	0	9,174,055	(406,697)	8,767,358
30. Depreciation	0	0	398,919	398,919	0	398,919	68,003	466,922
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	94,765	94,765	0	94,765	(9,806)	84,959
33. Real Estate	0	0	0	0	0	0	0	0
34. Rent - Facility & Grounds	0	0	0	0	0	0	0	0
35. Rent - Equipment & Vehicles	0	0	40,026	40,026	0	40,026	0	40,026
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	533,710	533,710	0	533,710	58,197	591,907
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	910,769	0	910,769	0	910,769	0	910,769
40. Barber and Beauty Shop	0	0	0	0	0	0	0	0
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42	0	0	184,508	184,508	0	184,508	0	184,508
43. Other (specify):*	0	0	24,548	24,548	0	24,548	(24,548)	0
44. Total Special Cost Ce	0	910,769	209,056	1,119,825	0	1,119,825	(24,548)	1,095,277
45. Grand Total	4,881,660	2,106,015	3,839,915	10,827,590	0	10,827,590	(373,048)	10,454,542

	After	
	Operating	Consolidation
General Service Cost Center		
1. Cash on hand and in banks	861,074	861,074
2. Cash - Patient Deposits	178,382	178,382
3. Accounts & Notes Receivable	1,285,856	1,285,856
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	0	0
7. Other Prepaid Expenses	90,700	90,700
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	0	0
10. Total current assets	2,416,012	2,416,012
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	923,427	923,427
14. Buildings, at Historical Cost	5,555,077	5,573,361
15. Leasehold Improvements, Historical Cost	393,762	3,610,031
16. Equipment, at Historical Cost	5,801,587	2,567,064
17. Accumulated Depreciation (book methods)	#####	-9,949,273
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	0	0
24. Total Long-Term Assets	2,724,701	2,724,610
25. Total Assets	5,140,713	5,140,622
CURRENT LIABILITIES		
26. Accounts Payable	133,645	133,645
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	28,716	28,716
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	0	0
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	0
33. Accrued Interest Payable	0	0
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	#####	11,001,520
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	#####	11,163,881
LONG TERM LIABILITES		
39. Long-Term Notes Payable	0	0
40. Mortgage Payable	0	0
41. Bonds Payable	0	0
42. Deferred Compensation	0	0
43. Other Long-Term Liabilities (specify):	0	0
44. Other Long-Term Liabilities (specify):	0	0
45. Total Long-Term Liabilities	0	0
46. Total Liabilities	#####	11,163,881
47. Total Equity	#####	-6,023,259
48. Total Liabilities and Equity	5,140,713	5,140,622

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	11,082,167
2. Discounts and Allowances for all Levels	-5,072,416
Subtotal - Inpatient Care	6,009,751
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	2,376,260
7. Oxygen	0
Subtotal - Ancillary Revenue	2,376,260
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	2,462
14. Non-Patient Meals	788
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	21,600
17. Sale of Drugs	1,057,462
18. Sale of Supplies to Non-Patients	0
19. Laboratory	24,575
20. Radiology and X-Ray	7,221
21. Other Medical Services	248,807
22. Laundry	36,425
Subtotal - Other Operating Revenue	1,399,340
24. Contributions	0
25. Interest and Other Investments Income	9,806
Subtotal - Non-Operating Revenue	9,806
27. Other Revenue (specify):	0
28. Other Revenue (specify):	232,065
Subtotal - Other Revenue	232,065
30. Total Revenue	10,027,222
31. General Services	2,038,390
32. Health Care	4,245,645
33. General Administration	2,890,020
34. Ownership	533,710
35. Special Cost Centers	935,317
35. Provider Participation Fee	184,508
37. Other	0
40. Total Expenses	10,827,590
41. Income Before Income Taxes	-800,368
42. Income Taxes	0
43. Net Income or Loss for the Year	-800,368

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LTC Median Per Diem Cost by HSA - 2004 Cost Reports
2005 (Run June 1, 2004)

UN-INFLATED

[illegible]

2005 - Average Wage Data Table

[illegible]

2005 - Staffing and Occupancy Data

[illegible]

2004 Costs

2004
Census

Cost	
<u>Line</u>	<u>Description</u>
1	Dietary
2	Food Purchase
3	Housekeeping
4	Laundry
5	Heat & Other Utilities
6	Maintenance
8	TOTAL GENERAL SERVICES
10	Nursing & Medical Records
10A	Therapy
11	Activities
12	Social Services
16	TOTAL HEALTH CARE & PROGRAMS
17	Administration
19	Professional Services
21	Clerical & Gen. Office Expense
22	Employee Benefits & PR Taxes
24	Travel & Seminar
26	Insurance-Property, liability & Malpractice
28	TOTAL GENERAL ADMINISTRATIVE
29	TOTAL OPERATING EXPENSES
30	Depreciation
32	Interest
33	Real Estate Taxes
37	TOTAL OWNERSHIP
	TOTAL OPERATING & OWNERSHIP COST

LTC Median Per Diem Cost by HSA - 2004 Cost Reports
2004 (Run June 1, 2004)

UN-INFLATED

[illegible]

	2004 Costs	2004 Census
Cost Report		
<u>Line</u>	<u>Description</u>	
1	Dietary	
2	Food Purchase	
3	Housekeeping	
4	Laundry	
5	Heat & Other Utilities	
6	Maintenance	
8	TOTAL GENERAL SERVICES	
10	Nursing & Medical Records	
10A	Therapy	
11	Activities	
12	Social Services	
16	TOTAL HEALTH CARE & PROGRAMS	
17	Administration	
19	Professional Services	
21	Clerical & Gen. Office Expense	
22	Employee Benefits & PR Taxes	
24	Travel & Seminar	
26	Insurance-Property, liability & Malpractice	
28	TOTAL GENERAL ADMINISTRATIVE	
29	TOTAL OPERATING EXPENSES	
30	Depreciation	
32	Interest	
33	Real Estate Taxes	
37	TOTAL OWNERSHIP	
	TOTAL OPERATING & OWNERSHIP COST	

2004 - Average Wage Data Table

[illegible]

2004 - Staffing and Occupancy Data

[illegible]

IDPA LTC Profiles
LTC Median Per Diem Cost by HSA - 2003 Cost Reports
2003 (Run June 1, 2004)

UN-INFLATED

Cost Report		State-Wide	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA		
<u>Line</u>	<u>Description</u>		1	2	3	4	5	6	7	8	9	10	11		<u>10th %</u>	<u>90th %</u>
1	Dietary	6.10	7.02	6.48	5.50	6.48	5.48	6.06	6.06	6.06	5.60	7.02	5.70		4.13	9.81
2	Food Purchase	4.31	4.47	4.40	4.27	4.40	3.99	4.31	4.31	4.31	4.28	4.47	4.11		3.36	6.04
3	Housekeeping	3.70	3.59	3.68	2.91	3.68	3.40	4.05	4.05	4.05	3.97	3.59	3.61		2.48	5.80
4	Laundry	1.85	2.23	1.90	1.79	1.90	2.10	1.59	1.59	1.59	1.69	2.23	2.13		0.91	3.14
5	Heat & Other Utilities	2.95	3.17	2.93	2.94	2.93	2.71	2.93	2.93	2.93	2.91	3.17	2.95		2.05	4.25
6	Maintenance	3.01	3.26	3.03	2.99	3.03	2.55	3.21	3.21	3.21	3.05	3.26	2.82		1.92	5.12
8	TOTAL GENERAL SERVICES	22.58	24.49	22.99	21.14	22.99	21.47	22.65	22.65	22.65	22.45	24.49	21.73		17.57	31.51
10	Nursing & Medical Records	41.83	42.52	43.12	38.37	43.12	33.78	45.12	45.12	45.12	47.22	42.52	42.15		27.25	64.47
10A	Therapy	2.10	1.86	2.69	3.34	2.69	3.47	1.45	1.45	1.45	2.41	1.86	2.24		-	10.55
11	Activities	1.91	2.18	1.92	1.61	1.92	1.48	2.16	2.16	2.16	2.05	2.18	1.54		1.06	3.45
12	Social Services	1.42	1.45	1.64	1.05	1.64	1.09	1.60	1.60	1.60	1.12	1.45	1.27		0.58	3.00
16	TOTAL HEALTH CARE & PROGRAMS	49.48	50.39	51.22	46.39	51.22	41.58	52.34	52.34	52.34	54.96	50.39	49.49		32.10	77.23
17	Administration	3.36	3.33	3.15	3.15	3.15	3.60	3.46	3.46	3.46	3.04	3.33	3.17		1.71	7.21
19	Professional Services	0.99	1.09	0.85	0.83	0.85	0.76	1.12	1.12	1.12	1.13	1.09	0.77		0.07	3.44
21	Clerical & Gen. Office Expense	4.79	4.32	4.97	3.98	4.97	3.46	5.56	5.56	5.56	5.04	4.32	4.25		2.49	10.78
22	Employee Benefits & PR Taxes	10.09	10.42	11.01	8.88	11.01	7.67	10.51	10.51	10.51	11.38	10.42	9.08		6.33	19.34
24	Travel & Seminar	0.08	0.10	0.13	0.10	0.13	0.13	0.06	0.06	0.06	0.05	0.10	0.07		-	0.43
26	Insurance-Property, liability & Malpractice	2.58	2.47	2.55	2.35	2.55	2.22	2.85	2.85	2.85	2.19	2.47	2.61		0.88	4.32
28	TOTAL GENERAL ADMINISTRATIVE	24.94	25.31	26.11	23.02	26.11	21.37	25.81	25.81	25.81	26.59	25.31	22.93		16.95	39.14
29	TOTAL OPERATING EXPENSES	98.06	100.77	100.03	92.47	100.03	88.05	100.96	100.96	100.96	103.01	100.77	94.71		69.40	142.56
30	Depreciation	3.70	3.82	4.08	3.29	4.08	2.54	4.11	4.11	4.11	3.54	3.82	3.38		1.01	8.43
32	Interest	2.54	2.81	1.96	2.09	1.96	1.41	4.05	4.05	4.05	2.63	2.81	1.50		-	11.53
33	Real Estate Taxes	1.38	0.92	1.08	0.82	1.08	0.80	3.20	3.20	3.20	1.36	0.92	1.11		-	4.85
37	TOTAL OWNERSHIP	11.11	9.73	9.80	8.00	9.80	7.04	14.54	14.54	14.54	11.02	9.73	8.39		3.76	23.58
	TOTAL OPERATING & OWNERSHIP COST	109.17	110.50	109.83	100.47	109.83	95.09	115.50	115.50	115.50	114.03	110.50	103.10		73.16	166.14

2003
Census

2003 Costs

Cost Report		State-Wide	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA			
<u>Line</u>	<u>Description</u>		1	2	3	4	5	6	7	8	9	10	11		<u>10th %</u>	<u>90th %</u>
1	Dietary															
2	Food Purchase															
3	Housekeeping															
4	Laundry															
5	Heat & Other Utilities															
6	Maintenance															
8	TOTAL GENERAL SERVICES															
10	Nursing & Medical Records															
10A	Therapy															
11	Activities															
12	Social Services															
16	TOTAL HEALTH CARE & PROGRAMS															
17	Administration															
19	Professional Services															
21	Clerical & Gen. Office Expense															
22	Employee Benefits & PR Taxes															
24	Travel & Seminar															
26	Insurance-Property, liability & Malpractice															
28	TOTAL GENERAL ADMINISTRATIVE															
29	TOTAL OPERATING EXPENSES															
30	Depreciation															
32	Interest															
33	Real Estate Taxes															
37	TOTAL OWNERSHIP															
	TOTAL OPERATING & OWNERSHIP COST															

2003 - Average Wage Data Table

	State-Wide	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA
		1	2	3	4	5	6	7	8	9	10	11	
Total staff hours including contract nurses per diem	5.10	5.30	5.30	5.00	5.30	5.10	4.90	4.90	4.90	5.10	5.30	5.30	
Nursing hours including contract nurses per diem	2.90	3.20	3.10	3.10	3.10	3.00	2.70	2.70	2.70	3.00	3.20	3.10	
RN	21.56	21.14	19.99	18.79	19.99	16.66	24.55	24.55	24.55	22.85	21.14	20.33	
LPN	17.64	17.65	16.41	14.79	16.41	13.36	20.23	20.23	20.23	18.67	17.65	16.45	
CNA	9.91	10.11	9.89	9.19	9.89	8.28	10.44	10.44	10.44	10.54	10.11	9.76	
DON	27.82	26.67	24.49	23.07	24.49	20.82	33.29	33.29	33.29	29.65	26.67	24.62	
ADON	24.39	22.67	21.12	19.67	21.12	18.73	27.45	27.45	27.45	26.14	22.67	22.50	

2003 - Staffing and Occupancy Data

	State-Wide	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA
		1	2	3	4	5	6	7	8	9	10	11	
Average Occupancy	80.80%	80.80%	80.60%	79.90%	80.60%	75.20%	82.00%	82.00%	82.00%	81.60%	80.80%	77.30%	
Medicaid Utilization	64.80%	56.40%	57.70%	59.60%	57.70%	62.80%	70.00%	70.00%	70.00%	64.30%	56.40%	59.30%	
Medicare Utilization	8.50%	7.50%	7.50%	7.70%	7.50%	8.70%	9.10%	9.10%	9.10%	9.30%	7.50%	8.00%	

IDPA LTC Profiles
LTC Median Per Diem Cost by HSA - 2002 Cost Reports
2002 (Run June 1, 2004)

UN-INFLATED

Cost Report	State- Wide	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	10th %	90th %
Line	Description	1	2	3	4	5	6	7	8	9	10	11		
1	Dietary	6.01	7.28	6.51	5.36	6.51	5.48	5.92	5.92	5.83	7.28	5.60	4.17	9.77
2	Food Purchase	4.27	4.52	4.40	4.15	4.40	3.99	4.31	4.31	4.31	4.11	4.52	3.29	5.90
3	Housekeeping	3.65	3.84	3.56	3.05	3.56	3.25	4.13	4.13	4.13	3.89	3.84	2.51	5.63
4	Laundry	1.90	2.15	2.01	1.72	2.01	2.09	1.67	1.67	1.58	2.15	2.23	1.10	3.13
5	Heat & Other Utilities	2.71	2.84	2.76	2.75	2.76	2.54	2.67	2.67	2.72	2.84	2.73	1.89	4.03
6	Maintenance	2.99	3.41	2.96	2.91	2.96	2.48	3.16	3.16	2.90	3.41	2.92	1.95	5.11
8	TOTAL GENERAL SERVICES	22.09	24.39	22.49	20.85	22.49	20.47	22.71	22.71	22.66	24.39	22.04	17.19	30.80
10	Nursing & Medical Records	40.68	42.79	42.10	37.44	42.10	33.35	43.96	43.96	43.84	42.79	41.16	26.11	62.04
10A	Therapy	1.85	1.90	2.38	2.86	2.38	1.81	1.54	1.54	3.02	1.90	2.27	-	10.03
11	Activities	1.88	2.12	1.89	1.50	1.89	1.37	2.23	2.23	2.10	2.12	1.60	1.13	3.39
12	Social Services	1.44	1.46	1.50	1.08	1.50	1.13	1.61	1.61	1.32	1.46	1.32	0.58	3.00
16	TOTAL HEALTH CARE & PROGRAMS	47.55	50.19	49.32	44.36	49.32	39.56	50.57	50.57	52.75	50.19	47.76	31.31	74.79
17	Administration	3.39	3.49	3.30	3.27	3.30	3.61	3.39	3.39	3.39	3.20	3.49	1.65	6.84
19	Professional Services	0.98	1.00	0.76	0.88	0.76	0.98	1.05	1.05	1.05	1.19	1.00	0.07	2.93
21	Clerical & Gen. Office Expense	4.58	4.07	4.40	3.67	4.40	3.47	5.75	5.75	5.75	4.19	4.07	2.36	10.72
22	Employee Benefits & PR Taxes	9.63	10.11	10.26	8.28	10.26	7.80	10.26	10.26	9.30	10.11	8.44	6.22	17.51
24	Travel & Seminar	0.09	0.12	0.10	0.09	0.10	0.16	0.06	0.06	0.03	0.12	0.09	-	0.37
26	Insurance-Property, liability & Malpractice	2.19	1.93	1.97	1.87	1.97	2.00	2.46	2.46	2.40	1.93	2.03	0.83	3.92
28	TOTAL GENERAL ADMINISTRATIVE	23.47	23.64	24.80	21.32	24.80	20.28	25.17	25.17	23.10	23.64	21.93	16.13	36.02
29	TOTAL OPERATING EXPENSES	94.39	99.26	97.46	85.50	97.46	82.47	99.35	99.35	97.86	99.26	91.33	67.15	138.58
30	Depreciation	3.53	3.13	3.86	3.26	3.86	2.41	4.18	4.18	3.94	3.13	3.04	0.73	8.09
32	Interest	2.73	2.84	2.05	2.60	2.05	1.55	4.55	4.55	2.14	2.84	1.54	-	12.86
33	Real Estate Taxes	1.30	0.77	0.88	0.93	0.88	0.72	3.17	3.17	1.29	0.77	1.03	-	5.05
37	TOTAL OWNERSHIP	11.44	9.19	9.85	8.76	9.85	6.52	15.35	15.35	11.40	9.19	10.00	3.55	24.50
	TOTAL OPERATING & OWNERSHIP COST	105.83	108.45	107.31	94.26	107.31	88.99	114.70	114.70	109.26	108.45	101.30	70.70	163.08

Cost Report	State- Wide	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	10th %	90th %
Line	Description	1	2	3	4	5	6	7	8	9	10	11		
1	Dietary	6.01	7.28	6.51	5.36	6.51	5.48	5.92	5.92	5.83	7.28	5.60	4.17	9.77
2	Food Purchase	4.27	4.52	4.40	4.15	4.40	3.99	4.31	4.31	4.31	4.11	4.52	3.29	5.90
3	Housekeeping	3.65	3.84	3.56	3.05	3.56	3.25	4.13	4.13	4.13	3.89	3.84	2.51	5.63
4	Laundry	1.90	2.15	2.01	1.72	2.01	2.09	1.67	1.67	1.58	2.15	2.23	1.10	3.13
5	Heat & Other Utilities	2.71	2.84	2.76	2.75	2.76	2.54	2.67	2.67	2.72	2.84	2.73	1.89	4.03
6	Maintenance	2.99	3.41	2.96	2.91	2.96	2.48	3.16	3.16	2.90	3.41	2.92	1.95	5.11
8	TOTAL GENERAL SERVICES	22.09	24.39	22.49	20.85	22.49	20.47	22.71	22.71	22.66	24.39	22.04	17.19	30.80
10	Nursing & Medical Records	40.68	42.79	42.10	37.44	42.10	33.35	43.96	43.96	43.84	42.79	41.16	26.11	62.04
10A	Therapy	1.85	1.90	2.38	2.86	2.38	1.81	1.54	1.54	3.02	1.90	2.27	-	10.03
11	Activities	1.88	2.12	1.89	1.50	1.89	1.37	2.23	2.23	2.10	2.12	1.60	1.13	3.39
12	Social Services	1.44	1.46	1.50	1.08	1.50	1.13	1.61	1.61	1.32	1.46	1.32	0.58	3.00
16	TOTAL HEALTH CARE & PROGRAMS	47.55	50.19	49.32	44.36	49.32	39.56	50.57	50.57	52.75	50.19	47.76	31.31	74.79
17	Administration	3.39	3.49	3.30	3.27	3.30	3.61	3.39	3.39	3.39	3.20	3.49	1.65	6.84
19	Professional Services	0.98	1.00	0.76	0.88	0.76	0.98	1.05	1.05	1.05	1.19	1.00	0.07	2.93
21	Clerical & Gen. Office Expense	4.58	4.07	4.40	3.67	4.40	3.47	5.75	5.75	5.75	4.19	4.07	2.36	10.72
22	Employee Benefits & PR Taxes	9.63	10.11	10.26	8.28	10.26	7.80	10.26	10.26	9.30	10.11	8.44	6.22	17.51
24	Travel & Seminar	0.09	0.12	0.10	0.09	0.10	0.16	0.06	0.06	0.03	0.12	0.09	-	0.37
26	Insurance-Property, liability & Malpractice	2.19	1.93	1.97	1.87	1.97	2.00	2.46	2.46	2.40	1.93	2.03	0.83	3.92
28	TOTAL GENERAL ADMINISTRATIVE	23.47	23.64	24.80	21.32	24.80	20.28	25.17	25.17	23.10	23.64	21.93	16.13	36.02
29	TOTAL OPERATING EXPENSES	94.39	99.26	97.46	85.50	97.46	82.47	99.35	99.35	97.86	99.26	91.33	67.15	138.58
30	Depreciation	3.53	3.13	3.86	3.26	3.86	2.41	4.18	4.18	3.94	3.13	3.04	0.73	8.09
32	Interest	2.73	2.84	2.05	2.60	2.05	1.55	4.55	4.55	2.14	2.84	1.54	-	12.86
33	Real Estate Taxes	1.30	0.77	0.88	0.93	0.88	0.72	3.17	3.17	1.29	0.77	1.03	-	5.05
37	TOTAL OWNERSHIP	11.44	9.19	9.85	8.76	9.85	6.52	15.35	15.35	11.40	9.19	10.00	3.55	24.50
	TOTAL OPERATING & OWNERSHIP COST	105.83	108.45	107.31	94.26	107.31	88.99	114.70	114.70	109.26	108.45	101.30	70.70	163.08

2002 - Average Wage Data Table

State- Wide	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA
Line	1	2	3	4	5	6	7	8	9	10	11	
Total staff hours including contract nursing per diem	5.20	5.50	5.40	5.00	5.40	5.10	5.00	5.00	4.90	5.50	5.30	
Nursing hours including contract nurses per diem	2.80	3.10	3.10	3.00	3.10	2.90	2.60	2.60	2.60	3.10	3.00	
RN	20.69	20.12	19.18	18.37	19.18	16.06	23.49	23.49	23.49	21.31	20.12	19.45
LPN	16.89	17.04	15.72	14.33	15.72	12.75	19.39	19.39	19.39	17.96	17.04	15.69
CNA	9.73	10.05	9.65	9.09	9.65	8.08	10.28	10.28	10.28	10.39	10.05	9.62
DON	26.38	24.75	22.98	22.48	22.98	20.02	31.78	31.78	31.78	28.86	24.75	23.68
ADON	23.27	21.44	20.51	18.93	20.51	17.26	26.34	26.34	26.34	24.33	21.44	21.27

2002 - Staffing and Occupancy Data

State- Wide	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA
Line	1	2	3	4	5	6	7	8	9	10	11	
Average Occupancy	80.90%	79.60%	81.90%	80.30%	81.90%	75.30%	82.20%	82.20%	82.20%	82.00%	79.60%	76.60%
Medicaid Utilization	64.50%	55.50%	56.10%	58.50%	56.10%	63.30%	69.90%	69.90%	69.90%	66.70%	55.50%	60.90%
Medicare Utilization	7.40%	6.80%	7.20%	6.10%	7.20%	7.40%	7.70%	7.70%	7.70%	8.20%	6.80%	7.00%